

ARIZONA DEPARTMENT OF CORRECTIONS

Application to Visit an Inmate

Important: Mail the completed form directly to the Unit Visitation Office where the inmate is located. Do not mail the application directly to the inmate, we must receive it from you or it will be voided.

Note: Must complete both sides of application.

The inmate named below has requested that you be added to his/her visiting list. If you want to visit this inmate, please complete the Visitor Information Section. If this application is for a child under the age of 18, you must also provide the name of a parent or other adult who will accompany the child, and who must sign this application form. **A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH PROPOSED VISITOR (ADULT OR CHILD).**

It is important to complete both sides of this application and answer all related questions truthfully, failure to do so will result in automatic disapproval. All of the material will be considered confidential and the inmate will be notified whether the application is approved or disapproved.

Inmate Name (Last, First M.I.)	ADC Number
Institution/Facility	

Visitor Information Section

Visitor Name (Last, First M.I.) <input type="checkbox"/> Adult <input type="checkbox"/> Minor		Minor's Parent or Legal Guardian Name (Last, First M.I.)	
Aliases or other names used (include maiden name if married)			
Residential Address (Street)		City	State
Home Telephone Number ()		City	State
Mailing Address (If different than residential address)		I WILL accept collect phone calls from this inmate <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Birth	Place of Birth	Driver's License Number or other Photo ID Number	Social Security No. or Second I.D. No.*
Weight	Height	Eye Color	Gender (M/F)
Employer's Name		Employer's Telephone No. ()	Job Title
Employer's Address		City	State
			Zip Code

What is your relationship with the inmate? (Check one)

- | | | | | |
|----------------------------------|--------------------------------------|-----------------------------------|---------------------------------|---|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Uncle | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Wife | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Sister | <input type="checkbox"/> Aunt | <input type="checkbox"/> Not Related |
| <input type="checkbox"/> Father | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Son | <input type="checkbox"/> Nephew | |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Daughter | <input type="checkbox"/> Niece | |

It is the policy of the Arizona Department of Corrections to comply in all respects with the requirements of the Americans With Disabilities Act and Section 504 of the Rehabilitation Act of 1973. Persons with a disability may request a reasonable accommodation such as a sign language interpreter, by contacting the Institution where the inmate is assigned. Requests should be made seven day in advance to allow time to arrange the accommodation.

This document available in alternate format by contacting the Arizona Department of Corrections Central Office Communications.

Visitor Information Section Cont'd
Responses to all questions are required, check either yes or no.

Are you the victim of the crime for which the inmate is currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you on the visiting list of any other inmate in this or any other correctional institution (<i>Jail, detention center or prison</i>) in Arizona? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, other inmate's name _____ ADC Number _____	
Are you, or have you ever been on probation in any state? (<i>Supervised or unsupervised?</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give the name(s) and location of the Court(s) _____ Dates: from _____ to _____	
Are you, or have you ever been on parole in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give the name(s) and location of the Court(s) _____ Dates: from _____ to _____	
Have you ever been confined to any correctional institution in any state? (<i>Jail, detention center or prison?</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give name and location of facility(s) _____ Number _____ Dates : from _____ to _____	
Have you ever been suspended from visiting an inmate in any state? (<i>Jail, detention center or prison?</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of institution _____ Inmate Name _____ Inmate Number _____	
Are you related to any other inmate in any correctional institution in Arizona? (<i>If more than one, list all others on a separate piece of paper.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, inmate name _____ Inmate Number _____	
Institution _____ Relationship to inmate _____	
Have you ever been employed by or volunteered for the Arizona Department of Corrections? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____ Where ? _____ Position _____	

I hereby attest that the answers to all of the questions are true and correct. I agree to abide by all visitation rules of the Arizona Department of Corrections.

Applicant or Minor's Parent or Legal Guardian Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Run	Initials	
NCIC	_____	_____
ACIC	_____	_____
CCH	_____	_____
Criminal History Practitioner _____		
Warden or Designee Signature	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Date